

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 548-16

2016.01.26.438

Date of Notification (1) January 20, 2016			Name of Building Owner/Operator (2) CELGENE CORPORATION		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 86 MORRIS AVENUE	
				City, State, Zip Code SUMMIT, NJ 07901	
		Name of Contact MR. RAY SANTILLAN – Environmental Health & Safety		Telephone Number (908) 673-9472	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION – “J” BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 86 MORRIS AVENUE			Sq. Feet: 30,000 # of Floors: 2 Bldg. Age: ~70+ years		
City (5) SUMMIT	County (6) MORRIS	County Code (7) (State Use Only)	Current Use (prior if being demolished): ADMINISTRATIVE OFFICES		
Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC		ASCM No. 00118	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 464 VALLEY BROOK AVENUE #3A		Street Address 268 MAIN STREET			
City, State, Zip Code LYNDHURST, NJ 07071		City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm JOHN CHIAVELLO		Telephone Number 732-438-4839	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 02/01/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement Area Vacated (NOT SUB 8 – PHASED SCHEDULE To Be Determined – M – F 7am – 4 pm (24 hrs & weekends as needed))			Street Address 20-21 WARGARAW ROAD		
			City, State, Zip Code FAIRLAWN, NJ 07410		
Source of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Tent) <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Various Locations	<input checked="" type="checkbox"/>	VAT & Mastic (floor, mirror, etc.)	1280 SF	<input checked="" type="checkbox"/>	
Various Locations	<input checked="" type="checkbox"/>	TRANSITE LAB TOPS	50 SF	<input checked="" type="checkbox"/>	
Various Locations	<input checked="" type="checkbox"/>	CAULKING (girder, window, expansion, etc.)	842 LF	<input checked="" type="checkbox"/>	
Various Locations	<input checked="" type="checkbox"/>	TSI (pipe, duct, etc. insulation)	20 LF	<input checked="" type="checkbox"/>	
Various Locations	<input checked="" type="checkbox"/>	ASPHALTIC VAPOR BARRIER	600 LF	<input checked="" type="checkbox"/>	
Various Locations	<input checked="" type="checkbox"/>	ROOFING/FLASHING/PATCHING	760 SF	<input checked="" type="checkbox"/>	
Various Locations	<input checked="" type="checkbox"/>	FIRE DOORS	25 EA	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 80 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Notes: None			Disposal Date 12/31/16	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>		Date January 20, 2016

Copies To: CELGENE CORP. Attn: Mr. Ray Santillan and McCabe Environmental Svcs. LLC Attn: Mr. John Chiavello